

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **RESPIRATORY CARE PRACTITIONER STAFFED  
SPECIALTY CARE TRANSPORT UNIT INVENTORY** REFERENCE NO. 713

PURPOSE: To provide a standardized minimum inventory on all Respiratory Care Practitioner (RCP) Specialty Care Transport (SCT) Units.

PRINCIPLE:

Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY:

- I. RCP staffed SCT vehicles shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to Ref. No. 710, Basic Life Support Ambulance Equipment.
- II. All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.


<b>MEDICATIONS</b> (minimum required amounts)			
Albuterol (pre-mixed w/ NS)	<b>30mgs</b>	Atrovent	<b>2mgs</b>

<b>SUPPLIES</b> (minimum required amounts)			
Airways – Nasopharyngeal		Bag-valve mask	
Large (34-36)	<b>1</b>	Large	<b>1</b>
Medium (26-28)	<b>1</b>	Medium	<b>1</b>
Small (20-22)	<b>1</b>	Small Adult/Child	<b>1</b>
Airways – Oropharyngeal		Toddler	<b>1</b>
Large	<b>1</b>	Infant	<b>1</b>
Medium	<b>1</b>	Neonate	<b>1</b>
Small Adult/Child	<b>1</b>	Cell phone (personal or company)	<b>1</b>
Infant	<b>1</b>	Color Code Drug Doses LA County Kids Reference No. 1309	<b>1</b>
Neonate	<b>1</b>	Coupler/Quick Connect (oxygen connection)	<b>2</b>
Airway guard (bite blocker)	<b>2</b>	End tidal CO <sub>2</sub> detector Adult & Pediatric	<b>2 each</b>
Bag-valve device w/ O <sub>2</sub> inlet and reservoir Adult & Pediatric	<b>1 each</b>	ETCO <sub>2</sub> filter line	<b>6</b>
Gloves, sterile	<b>2</b>	Oxygen tree	<b>2</b>

EFFECTIVE: 02-01-12  
REVISED: 10-01-19  
SUPERSEDES: 09-01-18

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APPROVED:   
Director, EMS Agency

  
Medical Director, EMS Agency

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<b>SUPPLIES</b> (minimum required amounts)			
Gloves, non-sterile	<b>1 box</b>	Pediatric Length-Based Resuscitation Tape (Broselow 2011A or newer)	<b>1</b>
Nebulizer kit (including hand held and mask)	<b>2 each</b>	PEEP valve Adult & Pediatric	<b>1 each</b>
Heat / Moisture Exchange (HME) Ventilator Filters		Penlight	<b>1</b>
Adult	<b>4</b>	Personal Protective Equipment – mask, gown, & eye protection	<b>1 each/ provider</b>
Pediatrics	<b>2</b>	Portable suction (battery operated)	<b>1</b>
*King LTS-D (Disposable Supraglottic Airway Device)		Pulse oximeter	<b>1</b>
Neonate (size 0)	<b>1</b>	Pulse oximeter probes Adult & Pediatric	<b>2 each</b>
Pediatric (size 1)	<b>1</b>	Scissors	<b>1</b>
Pediatric (size 2)	<b>1</b>	Sphygmomanometer Adult, Pediatric, & Thigh	<b>1 each</b>
Small Adult (Size 3)	<b>1</b>	Suction catheters Sizes 8Fr.-14Fr.	<b>1 each</b>
Adult (Size 4)	<b>1</b>	Stethoscope	<b>1</b>
Large Adult (Size 5)	<b>1</b>	Syringes 10mL	<b>2</b>
Laryngoscope handle Adult (compatible w/ pediatric blades)	<b>1</b>	Tape (various types, must include cloth)	<b>1</b>
Laryngoscope blades – Adult Curved & Straight	<b>1 each</b>	Ventilator filters	<b>4</b>
Laryngoscope blades – Pediatric Miller 1, & Miller 2	<b>1 each</b>	Ventilator circuits (disposable)	
Magill forceps Adult & Pediatric	<b>1 each</b>	Adult	<b>4</b>
Normal saline pillows (ampoules/inhalant)	<b>10</b>	Pediatrics	<b>2</b>
Oxygen Cannulas Adult & Pediatric	<b>3 each</b>	Ventilator (non-pneumatic or pneumatic) – if utilizing ventilator to fulfill non-invasive CPAP requirement, must have 1 set of the necessary equipment (mask, circuit) to provide non-invasive CPAP)	<b>1</b>
Oxygen masks Adult & Pediatric	<b>3 each</b>		
Oxygen hose	<b>1</b>		
Oxygen key	<b>2</b>	Waveform capnography	<b>1</b>
Oxygen regulator	<b>2</b>		

<b>SUPPLIES</b> (approved optional equipment)			
Endotracheal tubes w/ stylets Sizes 2.0-8.0	<b>2 each</b>	Levalbuterol	<b>7.5mgs</b>
High velocity oxygen delivery system	<b>1</b>	Tracheostomy mask Adult & Pediatric	<b>2 each</b>
High velocity oxygen delivery nasal cannulas Adult & Pediatric	<b>2 each</b>	Venturi mask	<b>1</b>

This policy is intended as a RCP Inventory only.

\* Requires EMS Agency approved training and quality improvement program.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 414, **Specialty Care Transport (SCT) Provider**

Ref. No. 710, **Basic Life Support Ambulance Equipment**

Ref. No. 712, **Nurse Staffed Specialty Care Transport Unit Inventory**